FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000042469

COASTLINE SERVICES, INC.

Principal Place of Business 1330 SOUTH VENETIAN WAY MIAMI BEACH FL 33139

Mailing Address

304 SOUTH 12TH STREET PHILADELPHIA PA 19107

FILED Feb 09, 1999 8:00am **Secretary of State**

02-09-1999 90018 021 ***150.00



miran DD to							DO NOT WRITE IN THIS	SPACE		
							Date Incorporated or Qualifed			
							06/01/1995			
2. Principal Pl	lace of Business	2a	Mailing Address				4. FEI Number		Applied For	
21		26					65-0594203		Not Applicable	le S
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional	ij
22			27				5. Certificate of Status Desired	Fee	Required	
City & State			City & State				6. Election Campaign Financing	\$5.0	0 May Be	
23			28				Trust Fund Contribution	Adde	d to Fees	
Zip	Country Zip			Country			8. This corporation owes the current year Into	angible		-
24	25		29 30				Personal Property Tax.	Yes	□No	
	9. Name and Address of Current	Regis	stered Agent		<u> </u>		10. Name and Address of New Registered	Agent		<u> </u>
·		٠.			81	Name				- }
	ETZ, MEL				82	Street Addr	ress (P.O. Box Number is Not Acceptable)			\dashv
1330	SO. VENETIAN WAY				"	Duebot Addi	ress (1.0. Dox realists to recrease)			.
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•					84	City	FL	85 2	b Code	
11. Pursuant	to the provisions of Sections 607.0502	and 6	507.1508, Florida Statutes	, the a	bove	-named corp	poration submits this statement for the purpose of	changing	its registered	\dashv
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Flori	ida. Such change was auf	horizei	d by t	the corporation	on's board of directors. I hereby accept the appoin	ntment as	registered	
agent. I a	m familiar with, and accept the obligation	ons o	i, Section 607.0505, Floric	ia Siai	utes.	•				
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable (NOTE: R	teaisterea	i Ageni	t signature require	ad when reinstating): ** < \$355		 .	٠,
12. OFFICERS AND DIRECTORS				13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	TORS IN 12	
TITLE	PD		☐ DELETE	1.1 π	TLE		65-073-uzo3	Chang	ge . Addit	ion
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CITY-ST-ZIP				6.4 C	ITY-ST	r-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attackment with all other like empowered.

SIGNATURE: